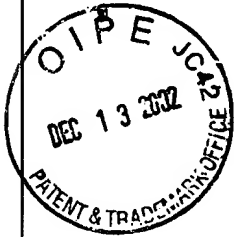


#11

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
CEN2-BH43



In re Application of  
Donald S. Feuer

Application Number  
09/479,736

Filed  
01/07/2000

For  
Method and Apparatus for Interfacing a Public Switched Telephone ...

Group Art Unit  
2662

Examiner  
John Pezzlo

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))  
☐ Two months (37 CFR 1.17(a)(2))  
☒ Three months (37 CFR 1.17(a)(3))  
☐ Four months (37 CFR 1.17(a)(4))  
☐ Five months (37 CFR 1.17(a)(5))

OFFICE OF PETITIONS

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 920  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2814

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Adjustment date: 12/30/2002 12/13/2002  
02/17/2002 CV0111 00000002 192814 09479736  
02 FC:2253 460.00 CR

Signature

Albin H. Gess, Reg. No. 25,726

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09479736  
192814  
00000002  
CV0111  
12/17/2002  
02 FC:2253  
460.00 CH

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/27/02</u>		2 Serial/Patent # <u>09/479,736</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	#11	12.13.02	\$ 460.							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 460.							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>8</td><td>1</td><td>4</td> </tr> </table>			1	9	--	2	8	1	4
1	9	--	2	8	1	4					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>Extension filed after the extendable period for reply.</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE: <u>PS</u>									
SIGNATURE: <u>Patrice Boyd</u>		PHONE: <u>308-6911</u>									
OFFICE: <u>Office of Petition</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Silvia Kelly</u>		DATE: <u>12/30/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**